

GUIDE DOG BOARD





CERTIFICATE OF CONTINUING EDUCATION (CE)

Date:			License Number:		
Instructor Name :			License Renewal Date:		
School:			If you don't work for a CA guide dog school please check this box:		
Address:			Telephone Number:		
Was pre-approval obtained? Yes No			Relevant Area of Study Blindness & Mobility Instructing Blind Persons Health Issues Relating to Blindness Dog Care & Training		
	ed by the Business and Professions nat I have fulfilled the requirements	for Continuing Edi	ucation (CE) a	s follows:	ons Title 16, Section 2286,
Date			<mark>idance (16 hou</mark> irman	Number of Hours	Cost
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Please inc	lude proof of attendance such as co	ourse completion ce	irman	Number of Hours	

If more space is needed, give details on a separate sheet.

Revised October 4, 2006